Art. XXXVII. *Cases Illustrating the Treatment of Herniæ Temporarily Irreducible.* By C. HOLTHOUSE.—Mr. Holthouse does not believe that the administration of opium in cases of strangulated hernia can do harm by masking the symptoms, but, on the contrary, regards it as a delicate test of the condition of the hernia, and of the necessity, or otherwise, of a surgical operation. If the almost universal experience of practical surgeons permitted us to believe that Mr. Holthouse is correct in the statements which follow, we should feel that the treatment of strangulated hernia was a much simpler matter than we are now obliged to consider it. "After the patient has been placed in bed," says Mr. Holthouse, "one grain of solid opium is given him, washed down with half a wineglassful of iced brandy and water; if the pill be retained, the obstruction is not invincible, the symptoms will subside, and the patient will recover; if, on the contrary, it be rejected, he should at once be brought under the influence of chloroform, one gentle attempt made to reduce the hernia by the taxis, and failing this, the operation of herniotomy performed."

Art. XL. *Case of Acute Disease of the Hip-joint, following the Introduction of a Tangle Tent into the Cervix Uteri.* By ALFRED MEADOWS, M.D.—This is a very curious case. Though the affection of the hip followed so quickly after the introduction of a tent into the neck of the uterus as to appear to have been directly caused by such introduction, careful examination both before and after death (which resulted from acute tuberculosis) failed to show any direct connection between the two. The patient had some time before received an apparently trivial injury of the hip, and it is probable that this, together with the tuberculous diathesis, which she undoubtedly possessed in a high degree, were the real causes of the articular affection; and that the apparent connection between this and the treatment of her uterine disorders was the result of coincidence alone.

Art. XLII. *On the Reduction of an old Dislocation at the Shoulder.* By GEORGE W. CALLENDER.—The patient was a man, aged 46, and the dislocation (downwards and forwards) was of one month's standing: in order to avoid any risk of injuring the axillary vessels, Mr. Callender employed the following manipulation:—

> "The patient was placed under the influence of chloroform and, after rotating the head of the bone so as to break down adhesions, the arm was forcibly drawn upwards across the sternum, the elbow being raised almost to the level of the axilla. In this way the head of the bone was depressed. The trunk being fixed, the arm was then forced outwards, by pushing against the elbow, the forearm being flexed, and at the same time movements of rotation were made, the arm being occasionally lowered from the level of the axilla. Reduction was soon effected."

Though the present volume of the Clinical Society's *Transactions* does not seem to us to be quite as interesting as some of its predecessors, it nevertheless contains a good deal of useful material, and altogether forms a satisfactory part of a series which is already becoming one of very great value.

J. A., JR.

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ART. XX.—*Saint Bartholomew's Hospital Reports.* Edited by Dr. ANDREW and Mr. CALLENDER. Vol. VII. 8vo. pp. vi., 266. London: Longmans, Green & Co., 1871.

THE seventh volume of the Saint Bartholomew's Hospital Reports is before us, and, in accordance with our custom, we shall present our readers with an analysis of its contents, first inviting their attention to the medical papers, and then to those which are of special interest to surgeons.

Art. I. *The Shape of the Head, looked at from a Medical Point of View.* By S. J. GEE, M.D., Lond.—In this paper Dr. Gee directs attention to the pathological knowledge which may be obtained by a study of careful measurements of the head, and recommends the "cyrtometer" (described by the author in his recent work on Auscultation and Percussion) as a valuable instrument for obtaining the requisite measurements. The proper diameters for measurement are stated, and the normal size and shape of the head determined. The abnormal shapes are thus classified: I. Big heads: Macrocephali. i. Long heads: Dolichocephali. ii. Round heads: Cyclocephali. II. Little heads: Microcephali.

Dolichocephalus Dr. Gee believes to be always the result of increase in the solid contents of the skull and not in its liquid contents, and may be either absolute or relative; when relative the body is dwarfed, whilst the brain and the head remain of a size proper to the age of the child. Rickets, which stunts the growth of the body, may be called the cause of relative dolichocephalus, but when the dolichocephalus is absolute, Dr. Gee doubts whether the rickets is more than an accident likely to occur in a child with a great brain, who is often a weak child.

Hitherto, it has been difficult to understand why, in a rickety head, the sutures continue to be separated when the brain has shrunken in consequence of general marasmus, but a post-mortem which Dr. Gee recently made throws some light upon this subject. A baby, not wasted, but with well-marked rickets and craniotabes, died suddenly. The sagittal suture was half an inch across, and, before the scalp was removed, felt open throughout. But when the skullcap was taken off, it was found that the suture was filled up here and there by narrow ossa Wormii, which most effectually played the part of struts to keep the bones asunder. Dr. Gee supposes that, in these cases, the sutures open in consequence of progressive growth of brain and arrested growth of bone; ossa Wormii are formed; and then, when marasmus sets in, and the brain wastes, the bones cannot come together; compensatory hydrocephalus ensues, merely to fill up the space between the brain and the skull.

Dr. Gee has examined several dolichocephalic heads in older children who presented signs of past hereditary syphilis; he believes that it has no connection either with syphilis or arachnitis, that is to say, hydrocephalus, but that these children were rickety as well as syphilitic in their infancy—a combination common enough, and that the effusion found in the heads of syphilitic children who have died is compensatory and marastic. The interstitial encephalitis, which does occur in syphilitic infants, is free from meningeal lesions.

Cyclocephalus is characteristic of hydrocephalus. Microcephalus is apt to occur in connection with idiocy.

Art. III. *Four Cases of Hæmophilia.* By J. WICKHAM LEGG, M.D., Lond. —The author defines hæmophilia to be an hereditary disease, manifesting itself during the first years of life, attended by a hemorrhagic diathesis, and a tendency to swelling of the joints, this latter a very important feature of the disease. This disease is more generally known under the name of the hemorrhagic diathesis, a name which is objectionable because it does not separate hæmophilia from many other diseases in which a hemorrhagic diathesis is present, such as scurvy, purpura, leucæmia, and jaundice.

The clinical history of these four cases presents nothing unusual; yet it is interesting from the comparative rarity of the disease and our ignorance concerning its pathology. Billroth[1] thinks that the disease is probably due partly to an abnormal thinness of the arterial walls from lack of muscular tissue, and partly to deficient power of coagulation in the blood. This latter point has not been proved from the blood that escaped, for in the cases where attention was directed to this point the blood flowed like that of a healthy person. One of Dr. Legg's cases shows the curious rule of transmission through the women of the family to the boys, the women themselves remaining free from any trace of the disease.

The swelling of the joints which was observed in one of these cases is thus described: "When he was six years old, his left knee began to swell, and this joint has been swollen, off and on, ever since. The knee may keep well for three or four months; it then begins to swell, and will be painful and large for several months at a time, so that the boy is seldom free from some trouble with his joints. Sometimes as the swelling is disappearing in the left knee, it appears in the right, and *vice versâ*. Sometimes the ankles swell; but the left knee is the joint most commonly disabled. No swelling has been noticed in any other joints. No difference has been noticed in summer or winter, or in cold or wet weather."

Art. VII. *The Influence of Vaccine Inoculation on Guinea-pigs.* By THOMAS LEEDS.—In this paper are recorded briefly the notes of fifteen experiments made by inoculating guinea-pigs with vaccine virus. In some of the animals killed on the 75th day minute yellow patches were discovered in the liver and spleen, which, on microscopic examination, were found to consist of corpuscles, scarcely distinguishable from pus corpuscles. The experiments, however, did not give uniform results, and were inconclusive.

Art. VIII. *A Plea for the English View of the Nature and Pathology of Addison's Disease: in Answer to the most recent German Doctrine.* By H. M. TUCKWELL, M.D., Oxon.—In this article Dr. Tuckwell gives the clinical history and autopsy of a case of Addison's disease which was under his care, and the appearance of the supra-renal capsule is shown by a plate. Dr. T. criticizes the German view of its pathology as set forth by Rossbach[2] and contends that it has been fully refuted by the investigations of Wilks[3] and Greenhow.[4] The "English View" he sums up as follows:—

"Addison's disease is a special and peculiar affection of the supra-renal capsules, in which the adjacent ganglia and plexuses of the sympathetic system are generally involved.

"This affection has well-marked anatomical characters by which it can always be recognized, and is best defined as a chronic inflammation of low type, with a strong tendency to cheesy degeneration.

"It is one of the most deadly diseases with which we are acquainted, destroying life slowly by symptoms of distressing nervous exhaustion.

"It almost invariably gives rise to a discoloration of the skin and mucous membrane of the mouth, which ranges from a mere sallowness up to the deepest bronzing, the depth of colouring being apparently in direct proportion to the duration of the disease.

"It can be diagnosed by careful observation of its combined general and local symptoms, with as much precision as any other pathological change in the body. For there are peculiarities in its general symptoms which distinguish it from other unimportant neuroses; and there are peculiarities in the pigmentation which distinguish this from other unimportant discolorations of the skin.

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[1] General Surgical Pathology and Therapeutics, translated by Hackley, p. 24.

[2] See No. of this Journal for April, 1871, p. 566.

[3] Guy's Hospital Reports, 3d series, vol viii. p. 1, and No. of this Journal for January, 1863, p. 165.

[4] "On Addison's Disease," London, 1866, and No. of this Journal for October, 1864, p. 533.

"It may be capable of temporary relief by treatment, but is, with our present knowledge, absolutely incurable."

Art. X. *Observations upon the Action of Ipecacuanha and its Alkaloid Emetia. Part II.* By Dyce Duckworth, M.D., Edin.—Part I. of these investigations, it will be remembered, was noticed in the No. of this Journal for January, 1870, p. 200. The results obtained by Dr. Duckworth's further experiments may be summed up as follows: Ipecacuanha and emetia must be classed among the irritant emetics. The toxic effects of emetia are found to be similar whether the poison be given by the mouth or by the skin, and the degree of enteritis seems to be determined by the time allowed for the emetia to act. The sudden introduction of large doses of emetia produces rapid paralysis of the heart, and the effect upon the temperature is to lower it. Emetia exerts no important influence upon arterial tension.

In some clinical notes on the therapeutic value of ipecacuanha and emetia, the author shows their somewhat extensive range of applicability, and, among other noteworthy observations, we find it here stated that ipecac and rhubarb work together more effectually in relieving constipation than does either singly in the same case. This action, the author says, is well observed in the case of the compound rhubarb pill, five grains of which, if combined with one of powder of ipecacuanha, act as efficiently as ten or fifteen grains of the pill by itself.

Art. XIII. *Cases of Morbid Anatomy.* By Samuel J. Gee, M.D., Lond.—In this paper the author records several very interesting cases of morbid anatomy. Of these one is a case of *primary cancer of the liver* occurring in an infant five months old. The gland was enlarged and weighed forty ounces and a half.[1] The lymphatic glands at the hilum were unaffected. The lobes were studded with round masses of foreign growth, white, tough, and of all sizes, from the smallest possible, to that of a peeled walnut. The number of nodules is opposed to the view of primary cancer, but no cancer was found in any other part of the body. The importance of this case lies in the fact that the child was only five months old. This with one alluded to by Dr. Farre in his work upon "The Morbid Anatomy of the Liver," are the only cases occurring in children under two years of age known to be recorded. Dr. Farre's patient was three months old, but the liver affection was secondary to cancer of the retro-peritoneal glands.

The next case is one of *complete obliteration of the mouths of the hepatic veins,* and is of extreme interest. There is but one other like it believed to be upon record.[2] The specimen was taken from a male child aged 17 months, who, when fourteen months old

"seemed to have pain in his belly, and his whole body swelled. The swelling settled in his belly in a day or two, and passed away from the rest of his body. . . . When 16 months old, his belly was tapped, and 12 ounces of greenish serum (sp. gr. 1011) were let out. Serum continued to drain away from the hole, so that next day a canula was put in again, and 2 pints more were drawn off. The fluid gradully collected again. Nineteen days after the first tapping it was done again, and rather more than 2 pints flowed out. Five days after this he died, slowly exhausted, as it seemed. His urine was not albuminous."

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[1] The liver of a healthy child of this age would not weigh more than seven or eight ounces.

[2] See Virchow's Jahresbericht for 1867, vol. i. p. 226.

At the autopsy there was found no inflammation of the peritoneum. The liver was denser, tougher, and probably smaller than it should be, and its surface was slightly nodular. The gland was found to be congested, indurated, and fatty. The hepatic veins ended abruptly, "just short of entering the [vena] cava, being cut off from it by a thin membrane only. The lining membrane of the cava was perfectly smooth and natural, but where the mouths of the hepatic veins should have been there were shallow dimples, which had not at all the look of scars." The largest of the hepatic veins passed into the right and left lateral ligaments, and there anastomosed with greatly enlarged vessels contained in the ligaments, which, in their turn, communicated with large veins on the under surface of the diaphragm over the liver. The ductus venosus was not opened.

Dr. Gee frames the following hypothesis to account for the lesions above described. The liver was originally well formed and subsequently became cirrhosed; the cirrhosis seizing upon the capsule around the mouths of the hepatic veins more particularly. He deems this, for three reasons, to be the correct explanation:—

> "First, an obliteration of the branches of the hepatic veins is known to be an occasional consequence of cirrhosis. Next, there were dimples in the vena cava, as if they were left to indicate where once the mouths of the hepatic veins had been. And, lastly, I should expect a congenital obliteration of the hepatic veins to be accompanied with a permanent obliteration of the ductus venosus, in a manner such as that whereby congenital closure of the pulmonary artery ensures a patent foramen ovale or septum ventriculorum."

Among the other interesting cases here recorded we may enumerate one of *hydatid tumour within the substance of the brain,* thirty cases of which have been collected by Dr. Bastian,[1] one case of *aneurism of the basilar artery,* and one case of *aneurism of the anterior communicating artery.* In proof of the rarity of aneurism of this latter artery, the author states that Lebert[2] could find only two cases of it upon record. Dr. Gee is evidently unacquainted with Dr. Hutchinson's elaborate study of intra-cranial aneurism, which was published in the second volume of the *Pennsylvania Hospital Reports* (1869), and in which five cases of aneurism of the anterior communicating artery are collected.

Art. XIX. *Notes of three Cases of Acute Yellow Atrophy of the Liver.* By DYCE DUCKWORTH, M.D., Edin., and J. WICKHAM LEGG, M.D., Lond.—The notes of these cases are valuable from the rarity of the disease. Frerichs,[3] it will be remembered, has tabulated thirty-one cases of the disease, and Dr. John Homans[4] twenty others. The cases here reported did not present any particularly noteworthy symptoms.

Art. XX. *Influence of Temperature on the Pulsations of the Mammalian Heart, and on the Action of the Vagus.* By T. LAUDER BRUNTON, M.D.—The influence of warmth in quickening the pulse has been long known, but the hypothesis of Budge and Liebermeister, that the quickness of the pulse in fever is due to the increased temperature of the body, gives to the physician an interest in the subject which he would not otherwise have. Dr. Brunton made several experiments on the effect of temperature on the rabbit's heart, and from these and the observations of others on healthy and feverish men, he concludes that the quickness of the pulse in fever is mainly due to the higher temperature of the heart.

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[1] Reynolds' System of Medicine, vol. ii. p. 498.

[2] Berlin Klin. Wochenschr., 1866, Nos. 24–42.

[3] Treatise on the Diseases of the Liver, vol. i.

[4] See No. of this Journal for July, 1868, p. 53.

I. M. H.

We shall now invite the attention of our readers to those papers which are more particularly interesting to surgeons, and first to

Art. II. *Cystic Tumour of the Jaws.* By ALFRED COLEMAN.—Mr. Coleman believes cysts of the upper maxilla to be more common than is usually supposed, and expresses the opinion (which, if we mistake not, is now generally entertained by pathologists) that the affection ordinarily described as "dropsy of the antrum" does not consist of an accumulation of the natural secretion of that part, but is an example of cystic formation, probably due to the irritation caused by the presence of carious teeth. The treatment recommended by Mr. Coleman is to make a free incision through the bony wall of the cyst, with a strong scalpel, and then induce suppuration by introducing a tent of lint moistened with a solution of carbolic acid: if, however, the tumour be connected with a tooth which is so much diseased as to justify its removal, extraction should be practised, when the tent may be introduced through the alveolus; or if the cyst should itself come away with the tooth, the use of the tent may be dispensed with. Mr. Coleman's views as to the true nature of the so-called dropsy of the antrum were, he tells us, first announced in communications which he made to the Odontological Society of London, in 1862 and 1863.

Art. IV. *On Degeneration of Bone.* By EDWARD LATHAM ORMEROD, M.D., Cantab.—This paper may be looked upon as a sequel to one *On the Pathology of Fatty Degeneration*, published in the 4th volume of the "Reports," and noticed in the number of this Journal for January, 1869 (p. 190); the fortunate discovery that an available supply of degenerated bones can be obtained from lunatic asylums, has enabled Dr. Ormerod to complete his study of "fatty degeneration" (so-called), by investigating the pathological anatomy of this condition in the osseous tissue.

> "In selecting mollities ossium as the best illustrative example of degeneration of bone, I do not mean to imply that the terms are exactly commensurate. True, that in mollities ossium the pathological changes of degenerated bone are displayed in the most extreme and striking forms; but the same changes are to be seen also under other circumstances. They may occur as the apparent effects of old age, or of anything, in fact, which brings on premature decay. On the other hand, the want of earthy matter, which has suggested the terms of mollities or fragilitas ossium, does not necessarily imply degeneration of bone, for this is an essential character of rickets, which is a disease of quite a different nature."

In rickets there is defective development, in mollities ossium there is premature decay. Dr. Ormerod has made most of his observations upon degenerated ribs, because (at least in the insane) the disease appears commonly to be further advanced in these bones than in other portions of the skeleton.

> "Usually . . . a degenerated rib is a little larger and rougher than natural; it is flattened perhaps and misshapen from frequent fractures. It yields to the knife or breaks in the hand, all its material strength depending on a thin outer shell of bone; and the exposed surface is dark, wet, and greasy . . . The general arrangement of the interior of the bone is best displayed in a decalcified section. Here we see the central medullary cavity divided into unequal and irregular spaces, the largest being in close connection with the thin outer wall of compact tissue." This layer of compact tissue presents "all the ordinary features of healthy bone, only somewhat confused and on a very contracted scale. On the outer edge there are a great many simple cells, large, round, and

without any canaliculi at all. . . . . Then comes an irregular deposit of bone, everywhere thin, in some places entirely wanting, laminated concentrically to the long axis of the rib, and freely dotted with periosteal bone-cells. The red zonė is occupied by Haversian systems, which are crowded together and cut into each other. This is the only really normal part of the bone, and the one on which its strength mainly depends. . . . . . But as we carry the examination deeper into the next zone, the Haversian canals are seen to be larger, and the transparency of the innermost concentric rings of the Haversian systems becomes a very prominent feature. If we should happen to be using a section stained with magenta, we shall observe that these transparent rings take the dye more readily than the rest, an indication, I believe, of the removal of the earthy matter, with which this dye has little affinity. Another characteristic of this zone, though not limited within these bounds, nor indeed absolutely confined to degenerated bone, is a minutely granular appearance of certain districts, sometimes involving entire Haversian systems, to the exclusion of the usual fine converging lines of the canaliculi. . . . . The earthy matter has apparently not been removed, as these granular patches do not take the magenta readily. The only explanation . . . . is, that the canaliculi are irregularly obstructed by the presence of some substance in their interior. Just as the dentinal canals are in what dentists familiarly know as red teeth. . . . The cancelli . . . . are very sparingly dotted with bone cells of the medullary type. The new transparent deposit of bone which lines the large areolæ is still more scantily provided. Indeed, just here the laminæ are so thin, and so closely packed together, that there seems hardly to be any room for bone-cells."

As in the case of the soft tissues, the degeneration of bone is, according to Dr. Ormerod, not properly speaking "fatty" degeneration, though it may be followed by fatty infiltration. The bone-cells are not liable to the occurrence of the latter condition, and the amount of fatty matter is probably proportionably less in the medullary mass of a degenerated, than in that of a healthy bone, the absolute increase or decrease depending more upon the shape of the bone than upon the degree to which degeneration has occurred. "Such fatty infiltration as there is, occurs in the interior of the enlarged Haversian canals. Here in the thickened coats of the vessels, and around them, we find abundance of minute oil globules, here is the source of the loose fatty matter which crowds the field of the microscope. The singular opacity of fragile bone, however, does not depend so much on the presence of adventitious fatty matter as on a molecular change."

Dr. Ormerod's excellent paper is illustrated with a plate containing five figures, and with several wood-cuts.

Art. V. *On the Treatment of Diseased Joints by Rest and Extension.* By W. S. Savory, F.R.S.—This is a paper of considerable interest and of great practical value: in the case of the hip-joint, Mr. Savory recommends the employment of the long splint and weight extension apparatus, with which American surgeons are so familiar; and in the case of the knee-joint, a hollow metal splint made to embrace the back and sides of the leg and thigh, with a foot piece, a hinge-joint at the knee, worked either by a screw passing between the thigh and leg pieces behind, or by a rack at the side; extension is made by means of another screw acting either through the foot piece or at the knee. Mr. Savory's remarks upon the advantages of combining rest with extension, in the treatment of joint diseases, rather than relying upon either rest or extension alone, appear to us eminently judicious, and we quite agree with his condemnation of the "fashion of the times" which aims to "dispense altogther with means [of treatment], however useful and advantageous they may be, if they can be shown to be not absolutely necessary." As Mr. Savory justly remarks, many things may not be absolutely essential to success in treatment, and yet render the treatment much safer and much more certain to succeed than it would be if they were omitted.

Art. VI. *A Case illustrating certain Nervous Diseases.* By Sir JAMES PAGET, Bart., F.R.S.—This short paper gives an account of a very curious case. The patient was a gentleman aged twenty-eight, who, at the age of twenty, being subject to frequent "colds," was advised (on the "hardening" principle of which patients' non-medical friends usually think so highly) to employ cold shower-baths, and as the result of eight days' trial of this remedy, became the subject of a remarkable disturbance in the blood-supply of his feet, at first the left, but afterwards the right foot being the one principally affected.

"Whenever he walked slowly for so much as half an hour, or quickly for so much as ten minutes, the foot or feet became 'dead,' that is cold and numb, and (as he always expressed it) white, like marble. They thus changed much more quickly in cold than in warm weather, and often changed in the same manner during cold weather, even when he was at rest. With the deadness he always felt aching, and sometimes severely aching pains at the side of the foot, and sometimes half way up the leg. This state would continue so long as the patient continued walking; but when he rested, it would in a few minutes change, and the foot, or feet, would become flushed, ruddy, and hot, with overfilling of the veins, and the pain would slowly subside."

This uncomfortable condition, which was brought about in eight days, proved utterly rebellious to all kinds of treatment, having persisted for eight years when the patient came under the author's observation.

Sir James Paget uses this case as an illustration of several points of practical interest. In the first place, it furnishes a striking example of the effects of the shock of cold, which is sufficiently often the cause of injury "to suggest more caution than is commonly used in its employment."

"Few things," adds the author, "hinder recovery from old injuries of joints more than the use of the cold douche in any but very robust persons. And I have known a case in which a patient, who was healthy, except in having a too vivid nervous system, became, after being once submitted to a severe cold douche on his back, the subject of all the chief symptoms that commonly follow railway concussions of the spine."

The curious disturbance of the vaso-motor nervous system in this case, suggests the possibility of a similar condition in parts which are not exposed to view, in cases of spinal irritation, or so-called hysteria, and in parts which, though apparently healthy in structure, are morbidly sensible of fatigue.

Finnally, this case shows that "although the vascular and nervous conditions of a part are always disturbed in inflammation, they constitute only a subordinate part in that morbid process. They may be very often and far removed from their normal state, into one like that which they assume in inflammation, and yet no change of structure may ensue in the tissue-elements around them."

Art. IX. *On the History of the Treatment of Congenital Club-foot.* By HOLMES COOTE.—This short paper gives an interesting account of the early attempts to remedy the deformity of club-foot, and particularly of the modes of treatment employed before the introduction of tenotomy.

Art. XII. *On Ranula.* By W. MORRANT BAKER.—After referring to the opinion formerly entertained as to the nature of ranula, viz., that it consisted in a dilatation of the duct of the sub-maxillary gland, and showing, by quotations from several recent works on surgery, that this doctrine is still not without advocates, Mr. Baker gives several cases in support of the view that the disease in question is an example of independent cystic formation, and sums up "the present evidence against the existence of a connection between ranula and dilatation of Wharton's duct," as follows:—

"1. There is no positive evidence of any kind, that obstruction of Wharton's duct accompanies, or is connected with, the formation of a ranula.

"2. There is abundance of proof that in cases of ranula, Wharton's duct is usually quite free; while, very commonly, saliva may be seen flowing from the duct, without any accompanying alteration in the size or other characters of the tumour.

"3. The fluid of a ranula is very unlike saliva, which may have been seen, a moment before the tumour was punctured, possessing its ordinary qualities of colour and consistence, as it escaped from the sub-maxillary duct.

"4. The fluid contained in the common form of ranula is hardly or not at all to be distinguished from that of certain cysts in parts of the body in which no salivary glands exist.

"5. The symptoms of known dilatation and obstruction of Wharton's duct are altogether unlike those of ranula."

Art. XIV. *On the so-called "Serpent Teeth."* By GEORGE W. CALLENDER, F.R.S.—The term "serpent teeth," Mr. Callender tells us, is the popular expression to denote torsion of one or more of the incisors, usually of the upper maxilla. This deformity is briefly mentioned by systematic writers on dental surgery, but no definite explanation seems to have been given of the mode in which it occurs. After referring to the development of those parts of the upper maxillæ which are connected with the incisor teeth, Mr. Callender proceeds to apply the facts which he has set forth, in the following summary:—

"1. If the incisor process is weak, or retarded in the time of its development, it has less than the normal control over the forward growth of the intermaxilla, and the alveoli grow forward and the teeth project in proportion.

"2. If the incisor process is stunted, it grows in and narrows the palate. By side pressure on the posterior portion of the intermaxilla, it forces it in, with a twist on its axis, and the sockets growing under the influence of this twist the incisor teeth suffer torsion. The temporary teeth may show little of this malformation, whilst the permanent teeth, the sockets of which are more closely related to the solid fabric of the intermaxilla, are those which suffer.

"3. In the treatment of the extreme malformation, cleft palate and harelip, when the incisor process has aborted, great care should be taken by the operator in pressing back the intermaxilla not to give it a lateral twist. . . .

"4. When the incisor process aborts, the incisor teeth are apt to suffer from imperfect lodgment, the protecting alveolar plates from the incisor process being absent; the lateral incisors are more likely to fail than the central, the latter having their sockets most largely formed by the central part of the intermaxilla.

"5. In the ossification of the central part of the intermaxilla, plates of bone are formed one above the other, those in front being placed horizontally, leaving intervals between them. This arrangement may account for the occasional horizontal position of a permanent incisor, the direction of its socket having been determined during the early steps of its development, and may also explain the chance formation of an extra chamber for a supernumerary tooth.

"6. If the labial surface of an incisor is twisted in (towards the middle line), it is due to pressure from the opposite side, the maxillary arch having been forced in from imperfect development of one of the incisor processes—the central incisor is the tooth usually distorted in these cases."

Mr. Callender's paper is illustrated with a lithographic plate containing six figures.

Art. XV. *On the Treatment of Cleft Palate in Infants, and on the Cure of Clefts of the Hard and Soft Palates by Operation under Chloroform.* By THOMAS SMITH.—This is perhaps the most important surgical paper in the volume, and forms a most valuable contribution to the literature of staphyloraphy and uranoplasty. Since the publication of Mr. Smith's paper in the 51st volume of the *Medico-Chirurgical Transactions* (see number of this Journal for April, 1868, p. 541), he has operated in forty cases, which are here given in detail, with a full account of his mode of procedure, and an excellent practical commentary upon the whole subject of cleft palate and its treatment.

Mr. Smith has kept a record of 125 cases in all, in 16 of which the soft palate alone was involved, in 59 the soft and part of the hard palate, and in 50 the whole palate, soft and hard. The sexes are pretty equally represented in these figures, 59 patients having been noted as boys and 61 as girls.

The treatment in newly born infants consists merely in securing a proper amount of nutriment to the patient, the author agreeing with Mr. Pollock in considering operative interference inadmissible at this age:—

> "The operation in infants, according to my experience, is unnecessary, and, as one gathers from published accounts, is much more dangerous to life and much less likely to succeed than if performed at a later period. Even if the performance of the operation could be justified on the score of necessity, one can scarcely imagine that in the case of an infant seriously atrophic from deficient nutrition the proceeding would be likely to succeed, or would add to the infant's chances of ultimate recovery."

If the child cannot take the breast, it may be fed with a spoon, with a feeding-bottle provided with a thin leaf-like sheet of India-rubber attached above the teat, so as to occlude the aperture in the palate (as advised by Messrs. Ramsay and Coles), or even with a feeding-bottle having a teat with a large hole through which the milk can be safely poured a little at a time into the pharynx.

The age at which operative measures should be instituted cannot be fixed by any general rule, but probably two or three years old may be taken as the minimum, while it can seldom be necessary to postpone the operation beyond the age of six.

With regard to the operation itself, Mr. Smith recommends (herein differing from Mr. Holmes) that, as a rule, the whole cleft, both of the hard and soft palate, should be closed at one sitting:—

> "The length of the cleft adds little to the difficulty of the operation, nor does it diminish from the chance of cure. The highly arched palates, where the margins of the cleft are nearly vertical, are usually easily remedied, and they require for their closure less skill and less division of the soft parts than those clefts that are wider, where the palatine arch is flatter, the sides being more horizontal."

Mr. Smith recommends the use of several special instruments, the most important being a gag which is slightly different from that which he at first employed, a tubular needle modified from that used by Sims for vesico-vaginal fistula, and "suture scissors" which "quickly seize, divide, and withdraw a suture with one and the same movement." Horsehair and fine silver wire are recommended as the best materials for sutures. For separating the muco-periosteum, in the operation on the hard palate, Mr. Smith recommends ordinary aneurism needles, or a "Holden's director," as preferable to the raspatories ordinarily used, these being too large and thick for children. The point at which union is most apt to fail is at the junction of the hard and soft palate.

> "It usually requires some care and patience to free the muco-periosteum and the fascia of the velum from their continuous attachment at this spot, and when much difficulty occurs in bringing the cleft together, I have with advantage, after making the lateral incisions, passed, as a supplementary support, a silver wire through these incisions and behind the new palate, so as

to draw together the margins of the cleft and relieve the tension on the sutures."

The after-treatment is very simple: no warm food should be given until the day after the operation, and no substances requiring much mastication for the first fortnight; the patient should, if practicable, be kept in bed during the first week, and the sutures should not (in the case of children under ten) be removed for three weeks or a month, and then, if the patient be turbulent, with the aid of anæsthesia.

Mr. Smith concludes his valuable paper with details of the forty cases in which he has operated since the publication of his communication to the Royal Medical and Chirurgical Society, which has already been referred to.

Art. XVI. *On Tubercle in the Eye.* By B. J. VERNON.—Mr. Vernon questions the desirability of retaining the expression "tubercle in the eye," as though the occurrence of tubercles in the choroid in cases of acute tuberculosis is undoubted, yet the anatomical features of these cases scarcely differ except in degree from those of suppurative choroiditis, and the diagnosis can hardly be made except by ascertaining the history of the case and by noting the presence of tuberculous disease in other parts of the body.

Art. XVII. *On Excision and Abscission of the Eyeball.* By B. J. VERNON.—In this paper is given a fair estimate of the comparative advantages and disadvantages of excision or enucleation of the entire eyeball, and of mere abscission of its anterior portion.

Art. XVIII. *Report of the Ophthalmic Department.* By HENRY POWER, M.B., Lond.—The ophthalmic wards of St. Bartholomew's Hospital have been open for the reception of patients only since October, 1870, and this is therefore the first report of the work therein accomplished. In the list of operations we observe 26 for cataract, 8 for capsular opacities, 26 for strabismus, and 37 iridectomies. Several cases of interest are narrated at length, and one (a case of hemorrhage into the substance of the retina, connected with disordered menstruation) is illustrated with a handsome chromo-lithographic plate. The following remarks upon the purulent ophthalmia of children are worthy of attention:—

"We may, I think, reasonably presume that the pus-globules discharged in such vast quantities in this affection are derived from two sources, partly and chiefly from the proliferation of the cells of the conjunctival mucous membrane, but partly also from the escape of the white corpuscles of the blood through the enlarged and congested capillaries and smaller arterial and venous trunks. The application of astringents would appear to be the proper remedy for the arrest of both processes, for by constricting the bloodvessels the supply of pabulum serving for the rapid division and multiplication of the epithelial cells would clearly be at once reduced, whilst, on the other hand, the number of the white corpuscles escaping from the vessels would certainly be diminished. Practice, in this instance at least, while it long preceded, is in full accordance with theory. . . . There would appear, however, to be some other condition present besides mere congestion of the bloodvessels, since not only do we meet with many other forms of conjunctivitis where intense redness is present, whilst the amount of discharge is comparatively small, but it is common to find that the due application of astringents temporarily checks the formation of matter, though it recommences again, and may even reach a higher point than before. On considering these circumstances it appeared to me to be probable that, since in most cases of purulent ophthalmia some kind of contagion was present, if this poison could be neutralized or killed, the progress of the disease would be stayed. With this in view, I determined to try and compare the effects of carbolic acid, chloride of zinc, and Condy's purple fluid [a solution of the permanganate of potassa], both alone and in combination with alum lotion."

The carbolic acid, in such proportions as were considered safe, was found inert, and the chloride of zinc rather injurious than beneficial.

"The results of my experiments with Condy's fluid, however, have been of a much more satisfactory nature. . . . . . The best proportion was found to be 100 minims of Condy's dark fluid to about 8 ounces of ordinary alum lotion, containing from two to four grains to the ounce, and the mode of employing it is as follows: The eyes should first be carefully washed with a jet of cold water to clear away the collected muco-purulent flakes; an examination being made, about an ounce of the Condy's fluid is then to be injected, and the mother directed to drop in a few drops every hour."

Art. XXI. *Second and concluding Report concerning a Case of "Anomalous Affection of the Nervous System in a Boy."* By Luther Holden.—We have here the sequel of a very remarkable case, the particulars of which were fully given in the third volume of the Reports. The patient had at the side of the neck a small tumour or "bump," pressure upon which gave rise to most curious nervous symptoms, a similar sequence of symptoms moreover occurring at intervals without any apparent cause. The tumour was removed by Mr. Holden with the gratifying result of effecting a complete cure. "The tumour was composed of fat. The most careful examination could detect nothing to account for its singular sensibility, beyond the ramifications of a slightly hypertrophied cutaneous nerve."

The present volume contains, as usual, elaborate statistical tables, which are of great value, and which reflect much credit upon their compilers, Dr. W. Ainslie Hollis and Mr. J. Astley Bloxam, the medical and surgical Registrars. It also contains an index, which, if not very elaborate, is at least better than none. Upon the whole, we think the volume is a satisfactory one, and compares very favourably with those which have immediately preceded it. J. A., Jr.

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Art. XXI.—*The Manchester Medical and Surgical Reports*, October, 1871. Editors, S. Messenger Bradley, F.R.C.S., Walter Whitehead, F.R.C.S. Ed. Vol. II. pp. xxiv., 216. Manchester: J. E. Cornish, 1871.

This second volume of the *Manchester Reports* contains a large preponderance of surgical articles, short abstracts of which we lay before our readers.

The first paper is by Mr. Thomas Windsor, *Upon the Treatment of Wounds of the Eye by Suture*, which injuries, when extending deeper into the eyeball than the conjunctiva, were formerly left to nature, but for the cure of which sutures have been used by several authorities, in later years. They were first adopted in experiments and operations upon the cornea, having been recommended by Dr. Williams, of Boston, in flap extraction of cataract, while Dr. O. D. Pomeroy, in vol. lxviii. of the *Boston Medical and Surgical Journal*, reported their successful application to an incised wound of the sclera with coloboma. In confirmation of this practice Mr. Windsor narrates a case of slowly healing incised wound of the sclerotic, half an inch in length, where he introduced a suture with the happiest results. He also reproduces two similar cases reported by Mr. Bowman, together with one occurring in the practice of Mr. Lawson, and in an unpretending way the paper is a pleasant and instructive one upon this interesting subject.